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Dissertation

upon

Dysentery.

This is a disease of very frequent occurrence, and sometimes, exceedingly difficult in its management. An attack of it generally comes on with a chill, succeeded by flushes of heat and frequency of pulse; and is very often preceded by loss of appetite, costiveness, flatulency, sickness at the stomach &c. which are speedily followed by severe gripings and a constant propensity to go to stool without the ability of voiding any thing except a little frothy mucus. But in many cases it happens,

that these local affections are perceived first. As the disease continues to progress, the inflammation becomes more extensive; the evacuations are more frequent, and generally preceded by violent griping or tormina, which occasions immense pain and great distress to the sufferer. It very often happens, that the violent straining brought on by the unavailing attempts at stool to discharge the irritating matter, causes a portion of the intestine to protrude beyond the verge of the anus, which in the progress of the disease proves very troublesome by an increase of the tormina and tenesmus.

The evacuations vary both in colour and consistence, being sometimes composed of frothy mucus only, though more frequently, they are streaked with blood; at other times a discharge of pure blood takes place from the anus; very often there are intermingled with the matter some fibres of a membranous appearance, and also some

small coagulated lumps of a salacious matter.
Though the stools are very frequent and consist of
these various morbid discharges, it is rarely that
we perceive, voided with them, any portion of
natural feces, and when we do, they appear in
hard, compressed substances, assuming the shape of
small balls and are known by the name scybala;
and by the voiding of which, the patient will
be sure to procure a temporary respite, especially,
of the frequent stools, tormina and tenesmus.

Generally, with the symptoms above mentioned, we
commonly meet with more or less fever, attended
with increased heat, thirst and restlessness.

When the pyrexia attending it is of a violent infla-
mmatory kind, and not timely arrested by the
proper remedies, it progresses with great rapidity
and the attack puts on a most horrid appearance.
The symptoms which were at first mild begin now
to increase with great violence. The fever becomes

of a more highly inflammatory action, accompanied with a greater irritation of the intestinal tube, augmented heat, unquenchable thirst and great ingurgitation. These continuing, produce great prostration of strength, increased pain and tension of the abdomen, cold clammy sweats, cold extremities, Taceat, a small and feeble pulse, with fatal and involuntary discharges of acid humours resembling the washings of meat. These symptoms are generally considered as the precursors of death, and when they do occur, the disease generally terminates mortally. But recoveries have been made, when the greater, or I may say, the whole of them have been exhibited, therefore they ought not to be deemed universally so. When there is a remission of fever, a pulsat and universal moisture, a diminution of the purging and tenesmus, evacuations less frequent and more natural, we have strong reasons to suspect that the disease will terminate favourably.

Much has been said, and different are the opinions of many authors with respect to the causes of dysentery. The disease was, at one time, believed to originate exclusively from a species of contagion, generated in the system of one individual, and by him imparted to another, but it appears that this is not the general origin of the disease, for there is no plausible evidence given to establish the supposition that a contagion does arise from the alvine evacuations, or from any of the secretions or excretions of one person, and propagated or imparted to another, so as to produce a dysentery. It appears that dysentery manifestly arises from, or may most generally be traced to other causes, among which, are the ordinary sources of an autumnal fever, and is very often combined with the intermittent and remittent forms of fevers. The disease, however, appears to be more prevalent in warm than in cold climates, and

that in the last, and indeed in the
most of these, nature itself is the cause
of the change. The change, however, is not
a simple one, but a process of evolution,
in which the organism is constantly
changing, and the result is a new
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especially in the months of August, Sept., and October, when there are great vicissitudes in the weather, as much moisture or cold succeeding quickly intense heat or a great drought, whereby there is a sudden attack made upon the open pores so as to check perspiration and produce a febrile affection directed to the alimentary canal. Sometimes it prevails as an epidemic, and spreads with great and destructive rapidity, owing to some peculiar distemper of the atmosphere. Now and then it is known to be excited by some acrid, unwholesome and putrid matter taken into the stomach.

This disease appears to attack those who live on elevated places, where they are exposed to the free access of the cold atmosphere which has the greatest tendency to solicit the disease.

Dysentery may be generally considered as a disease in which its origin or primary seat is in the stomach, and this may always be considered so

when it is caused by marsh effluvia, as is indicated to us by the symptoms taking place, as nausea and vomiting, which indicates the disordered state of the stomach, and here if not prevented, either by the efforts of nature or art, the morbid impression is soon extended and thrown upon the bowels which become its permanent seat, and quickly displays its destructive powers. It appears, and is revealed to us on dissection, that the disease acts with greater force on the interior coats of the lower intestines, and here we find the most marks of pre-existing inflammation, stricture, ulcerations and all the appearances of diseased morbid actions.

Owing to this extensive inflammatory condition of the bowels, there is a peculiar obstinate spasmodic affection of the colon, impeding its peristaltic motion, thereby causing the frequent unavailing attempts made at stool. — —

According to this view of the pathology of dysentery, we must treat the disease according to the different modifications which it occasionally assumes. In a case of dysentery when the inflammatory symptoms are high, with a quick, hard and full pulse, great pain and tension of the abdomen, I should make no hesitation in proceeding all other remedies by venesection, and should repeat ^{it} as often as the circumstances of the case require. By thus early resorting to the use of the lancet we impede the rapid progress of the inflammation, relax that degree of spasmodic action of the bowels, which is productive of such acute and excruciating pain in attempts to evacuate their contents; and also we awaken the system to that susceptibility by which it is prepared to be acted on by other remedies. After having thus prepared the system, we should, if there is much gastric distress, administer an emetic either with

or followed by some mild cathartic. By thus doing
we discharge from the stomach such morbid irritat-
ing contents as would cause or increase the contin-
^{or augment}uation of the disease; likewise the operation of the
emetic affords in resolving the spasmodic contraction
of the intestines, so as to give a free passage to the
evacuation of their contents; and owing to the sudor-
ific power, it determines to the surface, and thus
converts a hot and dry skin, into one that is moist
and relaxed. As a cathartic nothing is ~~more~~
preferable ~~than~~^{to} castor oil, or Glauber's or Epsom
salt, and these should be given in large and
frequently repeated doses, especially, the castor-
oil, which passes rapidly through the bowels with
very little change, ^{but when given in small doses} scarcely bringing away
any excrementitious matter. In more violent
forms when the bowels cannot be acted on by
these saline purgatives, we should resort to
some of the more active. Of these, I think

none are ~~more~~ ^{to} preferable ~~than~~ calomel, it
appears to be infinitely better adapted to the
violent cases, than any other of the stony purga-
tives. Dr. James Johnson speaks strongly in favour
of large and frequently repeated doses of calomel
in this disease as it occurs in tropical climates.
He gave scruple doses three or four times a day, and
affirms it is generally followed by great alleviation
of all the distressing symptoms which attend this
complaint. Large and repeated doses of calomel
and opium combined, contribute greatly in procur-
ing a passage when other medicines have proved
insufficient. They act on a twofold purpose, while
the opium relieves pain and relaxes the contraction
of the bowels, the calomel increases their peristal-
tic motion and procures a discharge of their
fecal contents. As auxiliaries to the operation
of these medicines, injections become frequently
and indispensably requisite, and the most

powerful and efficacious in obstinate cases, is a solution of tartarised antimony with the addition of a little sweet oil. And if this be well administered, and in sufficient quantity, rarely fails to produce the desired effect. Here the antimony by its nauseating and relaxing power determines to the surface, restores the healthy action of the skin, and so away the stricture of the intestines which causes a retention of the feces. This may be effectually promoted, by the administration of small and repeated doses of tartar, so as to produce and keep up a continued nausea. After having abated the febrile action by venesection, and procured a free discharge of the contents of the bowels, the most important object, is to procure an alleviation of pain and a complete restoration of the healthy action of the skin. No medicine appears to be more properly suited or adapted, to than the desired effect in this stage, than a combination

of opium, ipecacuanha, and especially, when there are symptoms of an hepatic affection, small doses of Calomel. By the operation of these medicines, the intestinal irritation is removed, the surface of the body is relaxed, and the bowels are kept gently open. Ipecacuanha has been given in different ways and at different stages of the disease, but it appears to be more particularly adapted to those cases of the disease attended with great intestinal irritation amounting to copious and frequent discharges of blood from the ~~arteries~~ ^{arterial} system.

Clark, who wrote on the nature and cure of diseases of the East and West Indies, recommends it in dysentery in the shape of an injection; which is prepared by bruising ℥ijj of the root, putting it into a quart of water, and boil it until reduced to a pint, which is to be administered three times in twenty four hours. By thus doing he operates, that he thoroughly evacuated the bowels and

entirely relieve, tormina and tenismus. ~~It~~ This
mode of treatment I have never seen experimen-
ted, and it is thought by some that the medi-
cine is rendered entirely inert by decoction.
Great advantage may be derived from the ex-
ternal application of warmth to the surface,
by relaxing the pores of the skin and producing
perspiration. Not a little has been said by
practitioners of the utility of the application
of liniments, stimulating lotions as *sp. turpentine*,
to the abdomen. When there is much pain and
distension of the abdomen, the warm bath, listers
&c. may be considered as highly serviceable; acting
on the principle of relaxation. Lately the
flannel roller has been thought to supersede the
warm bath and fomentations. It is applied by
having it of a sufficient length to extend round
the body from the hips to the arms. This reme-
dy I think is highly beneficial in the chronic

stages of dysentery, by giving the necessary support to the debilitated intestines, and promoting a gentle perspiration. The tormina and tenesmus which are sometimes met with in every stage of the disease prove very troublesome and distressing to the patient. Many remedies have been presented for their relief, and it appears that opium enters very largely into their combinations.

Tormina is very often produced by foul, accumulations in the bowels, and may generally be relieved by the oleaginous or emollient mixture. But when these mixtures do not ~~produce~~^{produce} the desired effect, small doses of opium and ipecacuanha, about $\frac{1}{4}$ gr of the former and $\frac{1}{4}$ of the latter frequently repeated are of great utility. Aodyne injections, such as flaxseed tea, barley water, a solution of gum arabic in water, combined with a few drops of laudanum, melted butter free from salt and rancidity to the amount of half a pint

or three pills used as an injection tends considerably to allay irritation and tenesmus. Pills of opium introduced into the anus have been highly recommended in tormina and tenesmus.

A strong solution of muriate of Soda in wine
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near with the addition of a little mint tea,
proves salutary in some cases. I had an opportunity of making a trial with it, and had reason to think that it proved very beneficial. The pain and tenesmus appeared to be relieved by it, and also the bowels were gently kept in a soluble state. When dysentery degenerates into a chronic state, though the acule symptoms have been diminished, yet there still remains a great tenderness of the bowels, which is increased upon the slightest evacuations, which in this stage of the disease generally consist of a small quantity of offensive mucus. The surface of the body is dry and parched,

appetite is depraved, and the little food which is taken in, is generally ill digested, and there is great prostration of strength. Here we should endeavour to restore the healthy action of the skin, and endeavour to give tone to the bowels by the proper tonics and astringents. To accomplish the former, small doses of speacuantha and opium, in the form of Dover's powder, are better calculated to produce and keep up a gentle relaxation than any other combination with which I am acquainted. At this stage, the Glaucous roller comes in with great propriety by supporting the intestines and producing a steady perspiration. Next we should endeavour to give tone to the bowels. Doct. Mosely of Jamaica, states, that in chronic dysentery unattended with fever, there is not a more efficacious medicine than the vitriolic solution in doses of a table spoonful every morning

with an opiate at bed time. This solution he
makes by taking white vitriol ℥ij, alum ℥ij, sph.
lavend ℥ss, boiling water ℔j, in which solution
according to circumstances either the vitriol or alum
may be increased or diminished. The ^{Root of the} dewberry
possesses a great deal of astringency and has
been often used and very much approved of
in obstinate cases. Another very valuable astring-
ent is the decoction of logwood. Columbo and
bark are very much used, and to us little
purpose. There are cases of dysentery depending
very much on a morbid condition of the liver
or some other abdominal viscus. In these
cases calomel in small doses generally proves
beneficial and sometimes the only alternative.
Vitric. acid has also been used, and answers
very well when circumstances occur to exclude
the mercury.

In cases of dysentery great attention must

he paid to regimen and to the change of
the climate. In the violence of the disease,
the diet should consist only of arrowroot,
sage, panada, or gruel, and the drinks of a cooling
and soothing nature, as barley or rice water,
Glaucidia or mucilage of gum arabic. But
when the violence of the disease is over, and the
patient begins to recover, the diet should be
more nourishing.

George C. Scott

Amelia County,

Virginia

March 17, 1871

Wm. S. #

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